

Emergency Contact Form:

This form should be updated each year. However, if you experience a mid-year change such as an address change, phone number(s) change, name change, medical change, or contact(s) information change, please submit a new emergency contact form to the HR Office.

Employees are reminded to contact the HR Office when you experience any kind of mid-year change. There may be other forms that are necessary to process your request.

**SECRETARY OF STATE
EMPLOYEE EMERGENCY CONTACT FORM**

Please complete the following information to be used in the event of an emergency.

Date Completed: _____

Employee Name	
Social Security Number	
Home Address	
City, State, Zip	
Home Phone Number	
Work Phone Number	
Work Cell Phone Number	
Personal Cell Phone Number	
Pager	
Work Email Address	
Birth Date	
Veteran (Yes or No)	
Smoker (Yes or No)	

Please list any medications or other substances you are allergic to:

Please list any medical conditions emergency personnel should be aware of:

Please list at least two people our office can contact in case of an emergency:

Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Zip: _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____

Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Zip: _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____